

APPLICATION FOR ABSENT VOTERS BALLOT

BOTH	PRIMARY ELECTION	GENERAL ELECTION
<input type="checkbox"/> ELECTION DATES	<input type="checkbox"/> DATE: AUG. 2, 2016	<input type="checkbox"/> DATE: NOV. 8, 2016

Print this form, complete and mail to:
Royal Oak City Clerk, 211 Williams St, Royal Oak MI 48067

As a United States Citizen and a duly qualified and registered elector in the CITY OF ROYAL OAK, County of OAKLAND, State of Michigan, I hereby make application for an official ballot, to be voted by me at the election indicated above.

FOR CLERK'S USE ONLY

	PRIMARY	GENERAL
Filed		
Mailed		
Ballot #		
Returned		
Pct. #		
Clerk		

Check reason why you are requesting an absent voter's ballot

CHECK ELECTION REASON	For Primary Election	For General Election	
	<input type="checkbox"/>	<input type="checkbox"/>	I am 60 years of age or older.
	<input type="checkbox"/>	<input type="checkbox"/>	I am physically unable to attend the polls without assistance of another.
	<input type="checkbox"/>	<input type="checkbox"/>	I am an appointed precinct worker in a precinct other than the precinct where I reside.
	<input type="checkbox"/>	<input type="checkbox"/>	I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
	<input type="checkbox"/>	<input type="checkbox"/>	I cannot attend the polls because of the tenets of my religion.
	<input type="checkbox"/>	<input type="checkbox"/>	I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

WARNING: A PERSON WHO MAKES A FALSE STATEMENT IN THIS DECLARATION IS GUILTY OF A MISDEMEANOR.

I certify that I am a United States citizen and the statements in this Absent Voter Ballot application are true

SIGN
HERE



Signature of
Absent Voter **X** _____ Date: _____

Printed Name: _____

Registered Address: _____

DATE OF BIRTH

/ /

NOTE: Michigan law requires that A.V. Ballots be sent to your registered address unless you are hospitalized, institutionalized, or at an address outside of your community. Complete the following **ONLY** if you want your ballot sent to an address outside of your community or to a hospital or other institution.

COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO AN ADDRESS OTHER THAN YOUR REGISTERED ADDRESS

PLEASE PRINT	SEND PRIMARY BALLOT TO:	PLEASE PRINT	SEND GENERAL BALLOT TO:
DATE LEAVING FOR TEMP ADDRESS / /	(Name) _____	DATE LEAVING FOR TEMP ADDRESS / /	(Name) _____
	(Address) _____ (Street) _____		(Address) _____ (Street) _____
	(City) _____ (State) _____ (Zip) _____		(City) _____ (State) _____ (Zip) _____
	Phone No. _____		Email: _____

INSTRUCTIONS FOR APPLICANTS FOR ABSENT VOTER BALLOTS

Step 1. After completely filling out the application, sign and date the application in the place designated. Your signature must appear on the application or you will not receive an absent voter ballot. **Step 2.** Deliver the application by 1 of the following methods: **(a)** Place this application in an envelope addressed to the appropriate clerk and place the necessary postage upon the return envelope and deposit the envelope in the United States mail or with another postal service, express mail service, parcel post service, or common carrier. **(b)** Deliver the application personally to the office of the clerk, or to an authorized assistant of the clerk. **(c)** In either (a) or (b), a member of the immediate family of the voter including a father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, or grandchild or a person residing in the voter's household may mail or deliver the application to the clerk for the applicant. **(d)** In the event an applicant cannot return the application in any of the above methods, the applicant may select any registered elector to return the application.

THE PERSON ASSISTING A VOTER MUST FILL IN AND SIGN THE CERTIFICATE BELOW AND RETURN IT IN PERSON TO THE CLERK'S OFFICE.

ONLY FILL OUT THIS SECTION IF ASSISTING A VOTER	CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR RETURNING ABSENT VOTER BALLOT APPLICATION
	I Certify that my name is _____
	my address is _____ and my date of birth is ____/____/____;
	that I am delivering the absent voter ballot application of _____ at his or her request; that I did not solicit or request to return the application; that I have not made any markings on the application; that I have not altered the application in any way; that I have not influenced the applicant; and that I am aware that a false statement in this certificate is a violation of Michigan election law.
	Signature X _____ Date _____
	WARNING: You must be a United States citizen to vote. If you are not a United States citizen, you will not be issued an absent voter ballot. A person making a false statement in this absent ballot application is guilty of a misdemeanor. It is a violation of Michigan election law for a person other than those listed in the above instructions to return, offer to return, agree to return or solicit to return your absent voter ballot application to the clerk. An assistant authorized by the clerk who receives absent voter ballot applications at a location other than the office of the clerk must have credentials signed by the clerk. Ask to see his or her credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.